



**LAKE COUNTY, FLORIDA
DEPARTMENT OF GROWTH MANAGEMENT
PLANNING & COMMUNITY DESIGN
APPLICATION FOR VESTED RIGHTS DETERMINATION**

The Lake County Land Development Regulations allow any person to request a determination of whether their right to complete a project is vested. Lake County recognizes that the rights of some property owners to develop their land may be vested despite the individual or specific property being inconsistent with the current Lake County Comprehensive Plan or Land Development Regulations.

Property Owner:

(Attach proof: Warranty Deed, etc.)

Mailing Address:

Phone Number:

(_____) _____ Facsimile Number: (_____) _____

Applicant:

Mailing Address:

Phone Number:

(_____) _____ Facsimile Number: (_____) _____

Legal Description:

Please provide a complete legal description of the property. Attach a copy of the current Warranty Deed and Property Record Card.

What document(s) did you receive from Lake County suggesting that you had the right to develop your property (i.e., Lot of Record Determination, Lot Split, Letter(s), etc.)? Please list below and attach copies of the documents as proof.

How did you, in good faith, rely on the document(s) you received from Lake County (i.e., made physical improvements, made binding commitments, etc.)? Attach documentation such as copies of canceled checks, receipts for expenditures, contracts, etc., as proof of reliance. Attach additional letter(s) of explanation if necessary.

What provisions of the Lake County Comprehensive Plan or Land Development Regulations do you believe should not apply because of vested rights (i.e., Lot of Record Criteria, Timing of Residential Development Criteria, Acreage Requirements, etc.)? Attach additional letter(s) of explanation if necessary.

Vested Rights Checklist

- ____ 1. Substantial action taken to carry out an approved Plan.
- ____ 2. Documentation of expenditures of money for equipment.
- ____ 3. Documentation of expenditures of money for contractual obligations.
- ____ 4. Approvals for the project (permits, preliminary plat, etc.).
- ____ 5. Documentation of expenditures after approval (reliance in good faith).
- ____ 6. Value of expenditures in proportion to the total cost of the project.
- ____ 7. Reliance on Section 1.02.01, Statutory Vesting, Lake County Land Development Regulations.
- ____ 8. Reliance on Policy 1-12A.1, Vested Rights Provisions, Lake County Comprehensive Plan.
- ____ 9. Reliance on Florida Statutes 163.3167(8), "Nothing in this act shall limit or modify the rights of any person to complete any development that has been authorized as a development of regional impact pursuant to Chapter 380 or who has been issued a final local development order and development has commenced and is continuing in good faith."

I, _____, request a determination of vested rights from Lake County, pursuant to Ordinance 1996-13. I further understand that Lake County may suspend or revoke the vested rights determination upon a showing by Lake County that they made the determination based upon false, inaccurate, misleading, or incomplete information.

(Signature of the Applicant)

Vested Rights Determination [VRD*]

650.00 _____

TOTAL: \$ _____

*Make checks payable to the **LAKE COUNTY BOARD OF COUNTY COMMISSIONERS**
A 1% service charge will apply if paying by credit card.*

Intake Initials: _____ **Date/Time Rec.** _____ **Project Name:** _____

OWNER'S AFFIDAVIT

STATE OF FLORIDA)

:

COUNTY OF LAKE)

BEFORE ME, the undersigned authority personally appeared _____,
 who being by me first duly sworn on oath, deposes and says:

1. That he/she is fee-simple owner of the property legally described on page 1 of this application. AND
2. That he/she desires a Vested Rights Determination as outlined on Pages 1 & 2 for the reasons stated therein: AND
3. That he/she has appointed _____ to act as agent in his/her behalf to accomplish the above.

 (Owner's Signature)

Sworn to and Subscribed before me this _____ day of _____, 20____.

☐ Personally known to me.

☐ Produced _____ for Identification.
 (Type of Identification)

☐ Did or ☐ Did not take and oath.

 NOTARY PUBLIC, STATE OF _____

MY COMMISSION EXPIRES _____

(Seal)

NOTE: All applications shall be signed by the owner or owners of the property, or some person duly authorized by the owner or owners to sign. The authority authorizing a person, other than the owner, must be attached.

APPLICANT'S AFFIDAVIT

STATE OF FLORIDA)

:

COUNTY OF LAKE)

BEFORE ME, the undersigned authority personally appeared _____,
who being by me first duly sworn on oath, deposes and says:

1. That he/she affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements, drawings, and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official Records of Lake County, Florida, and are NOT RETURNABLE.

(Applicant's Signature)

Sworn to and Subscribed before me this _____ day of _____, 20____.

☐ Personally known to me.

☐ Produced _____
(Type of Identification)

☐ Did or ☐ Did not take an Oath.

NOTARY PUBLIC, STATE OF _____

MY COMMISSION EXPIRES _____

(Seal)